

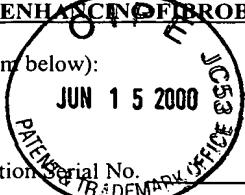
As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND COMPOSITIONS FOR ENHANCING FIBROBLAST MIGRATION**

the specification of which (check only one item below):



[X] is attached hereto.

[ ] was filed as U.S. Patent Application Serial No. \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

[ ] was filed as PCT International Application No. \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/119,344	09 February 1999	[ X ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

**PCT APPLICATIONS DESIGNATING THE U.S.**

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)

COMBINED DECLARATION FOR PATENT APPLICATION  
AND POWER OF ATTORNEY (Continue)

ATTORNEY'S DOCKET NUMBER

001.00251

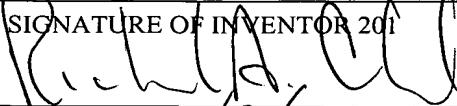
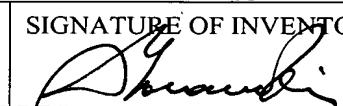
**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. **Karla M. Weyand Reg. No. 40,223; Susan Braman Reg. No. 34,103; Peter Rogalskyj Reg. No. 38,601**

Send Correspondence to: **Karla M. Weyand  
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PO Box 352  
Canandaigua, New York 14424-0352**

Direct Telephone Calls to:  
(name and telephone number)  
**Karla M. Weyand  
(716) 626-5380**

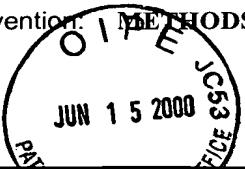
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME <b>Clark</b>	FIRST GIVEN NAME <b>Richard</b>	SECOND GIVEN NAME <b>A.</b>
2 0 2	RESIDENCE & CITIZENSHIP	CITY <b>Poquott</b>	STATE/FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>Seven Osprey Lane</b>	CITY <b>Poquott</b>	STATE & ZIP CODE/CTRY <b>New York 11733/USA</b>
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME <b>Galanakis</b>	FIRST GIVEN NAME <b>Dennis</b>	SECOND GIVEN NAME <b>K.</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Stony Brook</b>	STATE/FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>United States</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>8 Bayberry Lane</b>	CITY <b>Stony Brook</b>	STATE & ZIP CODE/CTRY <b>New York 11790/USA</b>
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME <b>Kahn KHAN</b>	FIRST GIVEN NAME <b>Azmin Azim</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Coram</b>	STATE/FOREIGN COUNTRY <b>New York</b>	COUNTRY OF CITIZENSHIP <b>Pakistan</b>
	POST OFFICE ADDRESS	P.O. ADDRESS <b>9 Country Club Lane</b>	CITY <b>Coram</b>	STATE & ZIP CODE/CTRY <b>New York 11727/USA</b>
	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202 	SIGNATURE OF INVENTOR 203 
DATE <b>4/3/00</b>	DATE <b>4-17-00</b>	DATE <b>4/12/00</b>
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION**

Docket No.  
001.00251

Serial No. <b>09/500,512</b>	Filing Date <b>February 9, 2000</b>	Patent No.	Issue Date
<p>Applicant/ <b>Clark et al.</b> Patentee:</p> <p>Invention: <b>METHODS AND COMPOSITIONS FOR ENHANCING FIBROBLAST MIGRATION</b></p> 			

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: **The Research Foundation of State University of New York**

ADDRESS OF ORGANIZATION: **Post Office Box 9**

**Albany, New York 12201-0009**

**TYPE OF NONPROFIT ORGANIZATION:**

- University or other Institute of Higher Education
- Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3))
- Nonprofit Scientific or Educational under Statute of State of The United States of America  
Name of State: \_\_\_\_\_ Citation of Statute: \_\_\_\_\_
- Would Qualify as Tax Exempt under Internal Revenue Service Code (26 U.S.C. 501(a) and 501(c)(3)) if Located in The United States of America
- Would Qualify as Nonprofit Scientific or Educational under Statute of State of The United States of America if Located in The United States of America  
Name of State: \_\_\_\_\_ Citation of Statute: \_\_\_\_\_

I hereby declare that the above-identified nonprofit organization qualifies as a nonprofit organization as defined in 37 C.F.R. 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- the specification to be filed herewith.
- the application identified above.
- the patent identified above.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- no such person, concern or organization exists.
- each such person, concern or organization is listed below.

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Individual       Small Business Concern       Nonprofit Organization

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Individual       Small Business Concern       Nonprofit Organization

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Individual       Small Business Concern       Nonprofit Organization

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Individual       Small Business Concern       Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: John C. Petersen

TITLE IN ORGANIZATION: Director of Technology Transfer

ADDRESS OF PERSON SIGNING: The Research Foundation of State University of New York  
The Office of Technology Licensing and Industry Relations  
N5002 Melville Memorial Library  
Stony Brook, New York 11794-3369

SIGNATURE: *John C. Petersen* DATE: 3-30-00